

E R R A T A

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CORRECTION TO ALL-COUNTY LETTER 91-63

REFERENCE: ACL 91-63 dated July 5, 1991

The purpose of this errata is to make corrections to the referenced All-County Letter, which addresses implementation of the regulations resulting from Senate Bill (SB) 623.

The following corrections should be noted:

- o In the EXAMPLE on the Page 1 of ATTACHMENT 1, the word "effective" should be deleted.

Some CWDs consider the "effective date of the denial" to be the date of application. Others consider this phrase to refer to the date the denial action is actually authorized. The language of the EXAMPLE is intended to refer to the "date of denial", or the date the denial action is actually authorized.

- o In the first paragraph on Page 1 of ATTACHMENT 3, reference is made to "MPP 40-121.21". The correct MPP reference is "40-121.31".
- o The NOA message numbered "M40-181C" and included in ATTACHMENT 5 should have been numbered "M40-181D". A corrected NOA is attached.
- o The NOA message numbered "M42-431A4" and included in ATTACHMENT 5 is incorrect. In the wording for the second checkbox, the phrase "this person's" should be replaced with the term "your". A corrected NOA is attached.

If you have any questions regarding this errata or concerning implementation of SB 623 in general, please contact Jim Lucas of the Welfare Policy Implementation Bureau at (916) 324-2725 or ATSS 454-2725.

Attachments

cc: CWDA

State of California
Department of Social Services

Manual Msg. No.: M40-181D, Page
1 of 2
Action : Deny
Reason : Application
Processing
Title : No Completed
Monthly Report
at Restoration
(Monthly
Report, Senior
Parent Monthly
Report, Sponsor
Monthly Report)

Auto ID Number : D0313A, D0314A, D0315A

Flow Chart No. :
Source : SB 623
Regulations : 40-118, 40-125.92, 40-126.342, 40-128, 40-171.221(d),
40-181.241(i), 40-181.25

Form Number : NA 290
Effective Date : 05/31/91, New
Revision Date :

MESSAGE: The County has denied your application for cash aid dated

Here's why:

You have not given us the completed monthly report form we asked you for. You must give us a completed monthly report form because you applied for aid in the month after we stopped your aid. We can't figure your cash aid without it.

- [] You haven't given us a completed Monthly Eligibility Report form for the month of _____ .
- [] When you are a minor parent living in the home of your parent, you must give us a completed Senior Parent monthly report form about your parent. You haven't given us a completed Senior Parent monthly report form for the month of _____ .
- [] When you are a sponsored alien, you must give us a completed Sponsor monthly report form about your sponsor and your sponsor's spouse, if any. You haven't given us a completed Sponsor monthly report form for the month of _____ .

State of California

Manual Msg. No.: M40-181D, Page
2 of 2

Department of Social Services

Action : Deny
Reason : Application
Processing
Title : No Completed
Monthly Report
at Restoration
(Monthly
Report, Senior
Parent Monthly
Report, Sponsor
Monthly Report)

Auto ID Number : D0313A, D0314A, D0315A

Flow Chart No. :

Form Number : NA 290

Source : SB 623

Effective Date : 05/31/91, New

Regulations : 40-118, 40-125.92, 40-126.342, 40-128, 40-171.221(d),
40-181.241(i), 40-181.25

Revision Date :

INSTRUCTIONS: Use to deny cash aid to a Filing Unit when the applicant has failed to complete a monthly report form when aid is requested within the calendar month following discontinuance and the report form is needed to determine eligibility or grant amount.

In the action line, show the date of application for cash aid (mm/dd/yy).

In the body of the message:

- o If the denial involves failure to complete the basic monthly report form, check the first checkbox and enter the calendar month the report covers.
- o If the denial involves failure to complete the Senior Parent monthly report form, check the second checkbox and enter the calendar month the report covers.
- o If the denial involves failure to complete the Sponsor monthly report form, check the third checkbox and enter the calendar month the report covers.

State of California
Department of Social Services

Manual Msg. No.: M42-431A4
Action : Disc
Reason : Required
Documentation
Title : No Eligible
Alien Status or
No Proof of
Eligible Alien
Status

Auto ID Number : E0710A, E0711A, E0712A

Form Number : NA 290

Flow Chart No. :

Effective Date : 03/01/89

Source : SAVE

Revision Date : 08/13/91

Regulations : 42-431.2, 42-433.3, WIC 11054, IRCA Section 121

MESSAGE: As of _____, the County is stopping your cash aid.

Here's why:

[] You must be a citizen or eligible alien to get aid. You are not an eligible alien because _____ .

[] You didn't give us proof of your status. You must be a citizen or eligible alien to get aid.

INSTRUCTIONS: Use to discontinue cash aid for an Assistance Unit when all Assistance Unit members either lack eligible alien status or lack proof of eligible alien status.

In the action line, show the effective date of the discontinuance action (mm/dd/yy).

In the body of the message:

- o If the reason for aid being stopped is because the persons lacks eligible alien status, check the first checkbox and enter a description of the reason why the person lacks eligible alien status.
- o If the reason for aid being stopped is because the person lacks proof of eligible alien status, check the second checkbox.

This message replaces M42-431A4 (5/31/91).